

JCWS 744

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	BA		07-12-01
O.I.P.E. CLASSIFIER	CTH	32	7/20
FORMALITY REVIEW		744	10-11-01
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 " ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 +- ..... Restricted      O ..... Objected

BEST AVAILABLE COPY

Claim	Date
Final	
Original	
1	12/10/01
2	12/10/01
3	12/10/01
4	12/10/01
5	12/10/01
6	12/10/01
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8	12/10/01
9	12/10/01
10	12/10/01
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If more than 150 claims or 10 actions  
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50-819  
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